

# CITY OF FRANKFORT FIRE DEPARTMENT

## BLASTING PERMIT APPLICATION

\_\_\_\_\_  
Permit Number

\_\_\_\_\_  
Date

Name of Firm \_\_\_\_\_

Address \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

Insurance Company \_\_\_\_\_

\_\_\_\_\_  
Blasting Insurance

Address \_\_\_\_\_

Name of Persons Handling Explosive Responsible to Applicant \_\_\_\_\_

Type of Explosives to be used \_\_\_\_\_

Location Where Blasting is to Occur \_\_\_\_\_

Dates \_\_\_\_\_  
Start Completion

Purpose of Blasting \_\_\_\_\_

**THE UNDERSIGNED CERTIFIES THAT HE IS FAMILIAR WITH ALL CITY ORDINANCES, THE "STANDARDS OF SAFETY", AND SPECIAL INSTRUCTION APPLICABLE TO EACH TYPE OF EXPLOSIVE TO BE USED.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**PERMIT FEE: \$200.00 made payable to CITY OF FRANKFORT (A copy of Kentucky Blasters License must be attached).**

Permit Issued By: \_\_\_\_\_ Date: \_\_\_\_\_

Notes/Comments/Special Requirements: \_\_\_\_\_